

Division of Health Service Regulation

PRINTED: 03/10/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL097014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 02/06/2016
NAME OF PROVIDER OR SUPPLIER WILKES COUNTY ADULT CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 176 REST HOME ROAD WILKESBORO, NC 28697			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 000	Initial Comments This report is of a Biennial Construction Survey done by Bob Getchell and Dennis Harrell on February 6, 2015. This facility was first licensed as a Home for the Aged serving 99 residents on 12-1-1962. Therefore the facility was surveyed for conformance with the 1971 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1967 North Carolina State Building Code, Group D. Deficiencies were noted which will require a new plan of correction.	C 000	<div style="text-align: center;"> CONSTRUCTION SECTION APR 01 2015 RECEIVED </div>		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F.0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the building was not	C 101			

Please
Sign Here

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

82JP21

If continuation sheet 1 of 6

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C 101	Continued From page 1 maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 02/06/2015: a. The center attic between the firewalls is 9660 square feet. Unsprinklered attics are required to be subdivided into 3000 square foot draft compartments. Consult with the local building official for guidance, and to obtain any permits needed. b. The cross corridor door between 400 and 500 Hall is not closing completely 2. Based on observation, the building fire protection equipment was not maintained in a safe manner. This would effect all residents by not detecting smoke and activating the fire alarm. Findings 02/06/2015: a. The heat detector in the 100 Hall storage closet has been removed.	C 101	Maintenance Director will monitor monthly all fire rated components of the facility The Facility will Consult the Wilkes County Building inspector for permits and construct a draft stop wall in the center attic space. The door latches Will be repaired or adjusted to ensure the door closes completely Maintenance Director will monitor all Fire protection equipment month to ensure resident safety. The facility maintenance director will replace the heat detector.	5/10/15 5/10/15 4/10/15 5/10/15 5/10/15	
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: 1. Based on observation, egress from all areas	C 160			

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C 160	Continued From page 2 was not maintained in a safe manner by having a ramp with missing handrail. This would effect all residents by not allowing safe egress in an emergency. Findings on 02/06/2015: a. The back left exit door has a ramp that is missing the handrail on the right.	C 160	The facility maintenance director will install a new handrail at the ramp.	5/10/15	
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components. This would effect all residents by not containing smoke and fire in the room or smoke compartment of origin. Findings on 02/06/2015: a. The two attic fire walls have been sealed with an unidentified sealant. Seal with an approved firestopping material that is part of a fire stop system that meets ASTM E-814. b. Throughout the corridors there are unprotected penetrations in the ceiling above the wi-fi	C 189	Maintenance Director will monitor monthly all fire resistance components to ensure resident safety. Facility maintenance director will remove all non- fire rated sealant and seal penetrations with approved fire stopping sealant.	5/10/15 4/10/15	

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STATE FORM

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62JP21

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C 189	Continued From page 3 modems. c. Room 308 has wall damage behind the door d. Bath/shower room at room 305 has wall damage behind the door e. There are holes in the ceiling of the 600 Hall storage closet. f. The ceiling of the electrical room is damaged. g. There are holes in the ceiling of the 200 Hall linen closet. Seal with an approved firestopping material that is part of a fire stop system that meets ASTM E-814. 2. Based on observation, the building was not maintained in a safe manner because there are doors that are in disrepair. This would effect all residents by not resisting the passage of smoke. Findings on 02/06/2015: a. 400 Hall shower door will not latch b. 400 Hall shower door has holes in the door at the lock. c. The kitchen door to the dining room will not latch. d. Room 101 door will not latch e. The small dining room door is missing the strike plate. f. The door to the dining room was wedged open.	C 189	maintenance director will seal all penetrations above the wifi modems with approved fire stopping caulk. Maintenance director will patch and paint damaged wall in room 308 Maintenance director will patch and paint damaged wall in 300 hall shower room Maintenance director will repair holes in the ceiling with approved fire stopping caulk Maintenance Director will patch and paint and repair ceiling in the electric room Maintenance Director will patch all hole in the ceiling of the 200 hall linen closet with approved fire stopping caulk Maintenance Director will monitor all doors and door closer monthly to ensure they are in good repair. Maintenance director will door knob to properly latch. Maintenance Director will install wooden dowels to plug the holes in the shower room door. Maintenance director will replace the door hinges to ensure the door closes properly. Maintenance director will repair the door knob the ensure room 101 door closes properly Maintenance Director Will install a new strike plate Maintenance Director will remove wedges from the door.	5/10/15 4/10/15 5/10/15 5/10/15 5/10/15 5/10/15 4/10/15 4/10/15 5/10/15 5/10/15 5/10/15 5/10/15	

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C 189	Continued From page 4 g. The doors to the administrative offices were wedged open. h. Room 308 has a loose door handle. i. The living room door at room 303 was propped open with a chair. 3. Based on observation, the building was not maintained in a safe manner because a toilet is coming loose from the floor. This would effect all residents using the hall toilet by exposing them to leaks from a broken wax seal. Findings on 02/06/2015: The bath/shower room near room 305 has a toilet coming loose from the floor. Secure. 4. Based on observation, the building emergency equipment was not maintained in a safe manner. This would effect all residents by not providing illumination of the exits during a power outage. Findings on 02/06/2015: a. The Emergency light in the corridor at room 305 is not working. 5. Based on observation, the building plumbing equipment was not maintained in a safe manner by allowing cross connects. This would effect all residents by potentially siphoning waste water into the potable water system. Findings on 02/06/2015: The spray hose on the Beauty Shop sink has no vacuum breaker. Install vacuum breaker on beauty shop sink spray hose.	C 189	Maintenance Director will remove the wedge from the door. Maintenance Director will replace or repair knob Maintenance director will remove the chair and monitor room 303 to ensure no improper devices are use to hold the door open. Maintenance Director will replace wax seal and insure toilet is securely fastened to the floor. Maintenance Director will ensure toilet is secured to the floor. Maintenance Director will monthly monitor all emergency equipment to ensure resident safety Maintenance Director will repair or replace the emergency light to ensure it works properly. Maintenance Director will ensure all facility water connections have anti-siphoning valves if required. Maintenance Director Will install a vacuum breaker at the beauty shop sink.	5/10/15 5/10/15 5/10/15 5/10/15 5/10/15 5/10/15 5/10/15	

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C 199	Continued From page 5	C 199			
C 199	Exhaust Ventilation	C 199			
	<p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the building exhaust ventilation was not maintained in accordance with this Rule.</p> <p>Findings on 02/06/2015: The housekeeping closet across from room 603 has no exhaust fan.</p>		<p>Maintenance Director will ensure exhaust fans and in working order and installed where needed.</p> <p>Maintenance Director will install a exhaust fan in the housekeeping closet.</p>	<p>5/10/15</p> <p>5/10/15</p>	